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On Swallowing Foreign Bodies.

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the connective tissue not increased. All the cells are said to have had a faded, dull outline, and many of them to have contained the vacuoles shown in their plate.

This case, together with my own, would go far to show that a parenchymatous change may take place independently of a lesion, or with a very slightly developed alteration of the connective tissue or blood-vessels.

The case of Dr. Webber, published in the first volume of the transactions of this society, as well as that of Cornil and Lepine, shows clearly enough that changes of an inflammatory character are *likely* to be present, and may be one of the causes of degeneration; but it is also probable that they are not *necessary* to a complete development of symptoms of great or fatal severity, and that the parenchymatous lesion, whether we call it inflammatory or degenerative, is of primary importance. It seems to me, therefore, that the name given by Duchenne, "subacute general anterior spinal paralysis," is really a more comprehensive one than the more modern "polio-myelitis, or "tephro-myelitis," since the question of inflammation, implied by this terminology, is precisely that about which doubt still hangs.

ON SWALLOWING FOREIGN BODIES.¹

BY ISAAC F. GALLOUPE, M. D., LYNN.

YOUNG physicians (and old ones too, for that matter) are sometimes puzzled to know what to do when called to a case of foreign body in the pharynx, œsophagus, stomach, or air-passages. What had I better do? What will be the result if nothing is done? If the foreign body is in the pharynx or œsophagus, had I better try to remove it, or push it down? If in the stomach, had I better let it go, or give an emetic? If in the air-passages, ought I to remove it at once (the symptoms not then being urgent), or should I wait for further developments? These and other questions come up, and must be answered without delay. If I only knew of a similar case, how it would help me in deciding how to act!

To aid in solving these questions is my object in reporting the following cases:—

CASE I. A lad of four years fell and broke his left thigh. A Liston splint was applied, and the patient placed upon his back; soon after a friend made him a present of two old-fashioned copper cents (one and one eighth inches in diameter). He put them into his mouth for safe-keeping, when one of them slipped down into his stomach. I directed the mother to keep his stomach full of soft solid food, and to

¹ Read before the Lynn Medical Society, February 5, 1879.

avoid cathartics. He complained moderately of dull pain and a sense of weight in the abdomen; the bowels moved nearly every day, but the coin did not appear until after the splint was taken off and the patient sat up, — six weeks after the accident.

CASE II. An old man, while eating his dinner, got a large piece of pork impacted in the pharynx, three days before I was called. During that time he had been unable to swallow even water, and had suffered considerable pain. A strong stench proceeded from his mouth. The foreign body was pushed into the stomach with a probang (an ivory ball secured to the end of a piece of whalebone), and no further trouble ensued.

CASE III. A young woman, while at breakfast, had the œsophagus plugged up by a piece of beefsteak. This was treated as the case above, with a like result.

CASE IV. A child six months old, while holding a tin whistle (cylindrical in form, a half inch in diameter, and one and a quarter inches long, with one end fringed with teeth an eighth of an inch long), let it slip into the pharynx. I passed my finger into the throat for exploration, when I touched the whistle, and caused it to pass into the stomach. The child was kept well fed, and twelve hours afterward it had a discharge, without pain or difficulty, in which the whistle was found.

CASE V. I was called to see a child two years of age, who suffered extreme pain “when placed on the po,” and could not be compelled to stay in that position long enough to have a discharge. On examination with the finger in the rectum, I found a large sewing needle lying horizontally across the rectum, each end piercing the intestinal wall. It was removed with a pair of polypus forceps, and no trouble followed. Two days before, the child told its mother that it had swallowed a needle, but it was not believed.

CASE VI. A middle-aged man, on attempting to rise from his bed in the morning, experienced severe cutting pain in the rectum, which was greatly increased when the bowels were inclined to move. After suffering thus in bed for two days I was called. He would allow no examination without ether. On passing the finger into the rectum, a piece of bone about an inch in length and the same in diameter, with sharp edges, was found, and easily removed, after which no further trouble was experienced. He had no recollection of having swallowed the bone.

CASE VII. A child two years old was given a hard-boiled egg, to which a portion of the shell still adhered. Soon after, the child began to cry with pain in the bowels, and the next day profuse bleeding occurred from the anus. I found the little patient faint from loss of blood, and it died a few hours subsequently, having bled to death from a wound of the intestine.

CASE VIII. A child one year old swallowed a pin. It suffered daily from pain in the abdomen for about two months, when it ceased to complain. The discharges were all carefully examined, but the pin was never found.

CASE IX. A gentleman who wore a single false tooth on a gold plate an inch and a half long, each end of which terminated in two prongs for fastening the plate to the natural teeth, awoke at midnight with a choking sensation. The tooth and plate, which he always wore at night, could not be, and have not since been, found, although all the discharges from the bowels were carefully examined for several weeks afterward. He suffered no inconvenience from the accident, except from the loss of the tooth.¹

CASE X. A young lady, while eating fried fish, declared that a bone was stuck in her throat. On examination no bone was found, but as she persisted in saying that a bone was there another examination was made, when a large fish bone was found stuck into the posterior surface of the palate. It was readily removed by curved forceps.

CASE XI. A child four months old swallowed a "sheath-pin" (held open, by a spring, about an inch), point upward. It lodged in the œsophagus, and was brought up on the first attempt by the "bristle probang."

CASE XII. I was sitting at table on board of a yacht, partaking of clam chowder, when the gentleman on my left suddenly choked, and rushed out of the cabin. I followed him, and found that respiration had ceased. Passing my finger into his throat, I could just reach the cause of the trouble, which was a clam "side," a portion of which was in the pharynx, but one end of it had fallen into the rima glottidis. I was able to clear the way for breathing, with my finger, and afterwards he removed the foreign body with his fingers, after a prolonged fit of hawking.

CASE XIII. A child about three years old let a two-cent piece fall into the pharynx. No trouble arising from the accident, nothing was done about it until the fourth day after, when I was called, and an attempt was made to remove it. The bristle probang proved to be too yielding. It was caught by the money probang, but could not be withdrawn by any force it was thought safe to use, the coin was so firmly impacted. Forceps seemed the only proper instrument with which to remove it. The flat surfaces being forwards and backwards, a forceps opening antero-posteriorly was required. Not having such a one at hand, and it being Sunday, and hence impossible to get one that day, it was decided to postpone any further action until Monday. Accordingly, I visited the patient on that day, equipped with suitable instruments, but

¹ This person died on the 29th of last March, about four years after this mishap, of chronic pleurisy complicated with nervous prostration. At the autopsy an abscess of the liver was found, but careful search for the missing tooth was not rewarded.

found the case in other (homœopathic) hands. I afterward learned that it was removed, with forceps, after about ten days' delay.

CASE XIV. A child one year old swallowed a pin one and a fourth inches long, upon which were strung two porcelain buttons one half inch in diameter. I was called to see the patient about eight weeks after the accident, and found it apparently in the last stage of croup; respiration was rapid and noisy, voice lost, cough croupy, skin cyanotic, and the strength nearly exhausted. On passing my forefinger down into the pharynx I became painfully aware that the pin was present, with its point directed upward; it was firmly imbedded, was removed with some difficulty with forceps, but the breathing was not improved thereby. Search was then made for the buttons, but they could not be found. The symptoms being urgent, tracheotomy was performed and the air-passages explored, with a negative result. A tracheotomy tube was inserted, but respiration was not improved by the operation. The child lived about four days longer, when it died of inflammation of the laryngeal mucous membrane.

CASE XV. I was called up at two o'clock in the morning by a middle-aged lady, who had come four miles to consult me. She stated that she had a full set of false upper teeth; that she had them in her mouth when she retired the night before; that she awoke at one o'clock, choking; that she felt the teeth go down into the stomach, and that she had suffered from severe pain in the stomach since. I doubted whether she could swallow so large an object so easily, but she stated that when she went to bed the teeth were certainly in her mouth; that the bedding had been carefully examined and the whole house ransacked to find the teeth, but they were nowhere to be found; and that she was *sure* she had swallowed them. I passed a probang into the stomach, but felt nothing. I then gave her a dose of sulphate of zinc, which operated in two minutes, but no sign of the teeth. I then advised her to go home and fill the stomach with soft food, and await events. I saw nothing more of her for a month, when I called on her to ascertain what followed. She looked somewhat mortified when she told me that after her return home that night another search was made, when the teeth were found *under the bed*.

THE TREATMENT OF TYPHOID FEVER.¹

BY J. Y. DALE, M. D., LEMONT, PA.

You will perhaps all agree with me when I say that our art does not enable us to *cure* a fever. All that we can do is carefully to watch its development, aid nature by supporting the vital energies of the system, and be prepared to treat promptly any complications that may arise

¹ Abstract of a paper read before the Centre County Medical Society of Pennsylvania.